

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John F Bowles Jr		Town Clements		County St Marys		MARYLAND	
Died at Clements		Month 2		Day 27		Years 17	
Date of death 1905		Month 2		Day 27		Years 17	
Sex Male		Color or Race White		Birth-place St Marys Co			
Occupation Farm		Where Residing if not at place of death - - -					
Married, Single or Widowed Single		Name of Wife or Husband - - -					
Father's Name Frank Bowles		Father's Birthplace St Marys Co					
Mother's Maiden Name Miss Raley		Mother's Birthplace St Marys Co					
Name of person giving information Mr Bowles		How related to deceased Uncle					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Parrenia	How long 8 days
Immediate Hemorrhage of Bowels	How long 3
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Thos Lynch
	Address Lawrenceston
Accident or Suicide?	no



A. G. Cecil

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 18

03

2

26

Age

44

3

10

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Inflammation Stomach 34 years

How long sick

Death

Immediate

Accident Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Cornelius Cooper
 Town County

Died at

Orville St Mary's

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
<i>1918</i>	<i>2</i>	<i>14</i>	<i>42</i>	<i>0</i>	<i>0</i>	<i>Ind</i>	
<i>Male</i>	<i>White</i>	<i>Married</i>		<i>Widow</i>	<i>Divorced</i>		
<i>Female</i>	<i>Colored</i>	<i>Single</i>		<i>Widower</i>		Number of children living	<i>4</i>

Husband of

Wife

Father's

Name

Mother's

Name

Cause of	Primary	<i>Consumption</i>
Death	Immediate	

How long sick

12 mo

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Heretial Hyer

CERTIFICATE OF DEATH

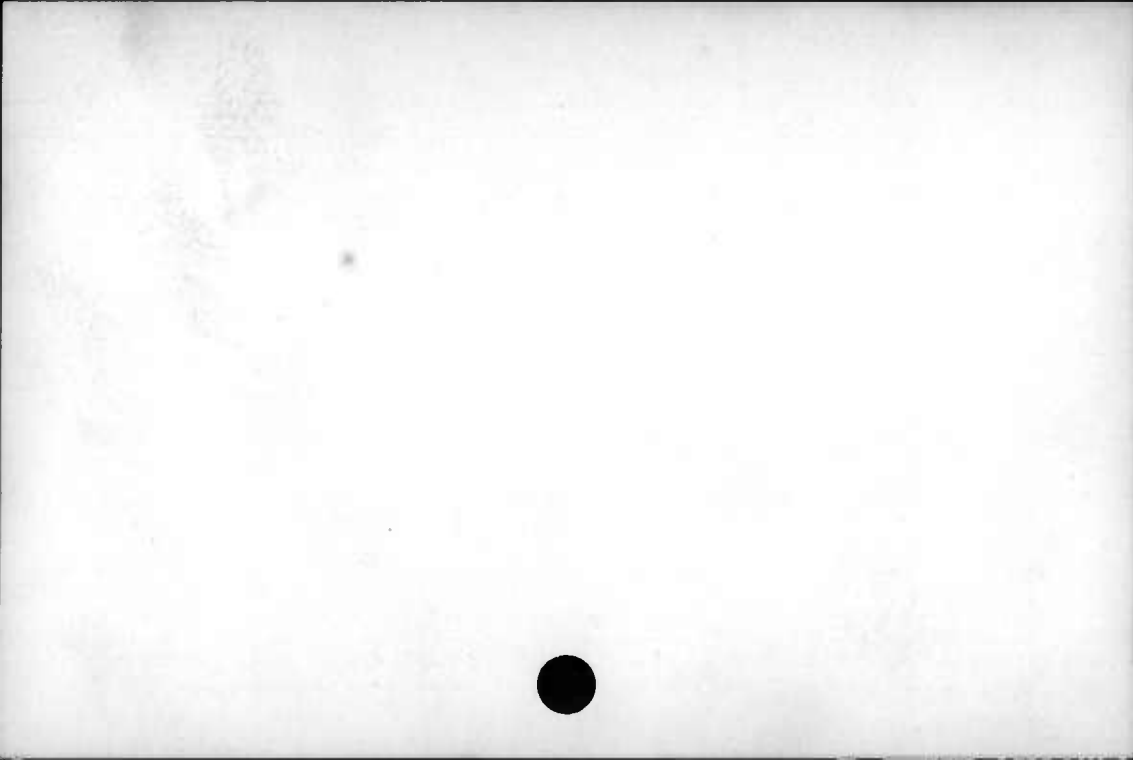
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Beaumont</i>		County <i>St Marys</i>		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1905		<i>Feb</i>	<i>27</i>	<i>67</i>			
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>white</i>		<i>St Marys Co</i>			
Married, Single or Widowed		Occupation					
<i>Widowed</i>		<i>Farmer</i>					
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>likely following Pneumonia</i>	How long	<i>4 weeks</i>
Immediate	<i>acute indigestion</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>H. J. Greenwell</i>	
		Address	
		<i>Leeward Tower</i>	
		<i>Ind</i>	
Accident or Suicide?			



Name in Full		John L. Edwards -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Morganza		County St. Mary's		MARYLAND	
	Date of death	1905	Month Feb.	Day 14	Age 59	Years	Months Days
	Sex	Male		Color or Race	White		Birth-place Md.
	Occupation	Sexton			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband	Ann Neale		
	Father's Name	John Edwards				Father's Birthplace	Md.
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	Frank Russell				How related to deceased	None
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Fall on ice				How long	66
	Immediate	Cerebral Hemorrhage				How long	1 hour -
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. B. Johnson.		
				Address	Morganza -		
	Accident or Suicide?	Accident					



Name in Full

Certificate of Death

Maurice Sylvester Galtair

Town

County

Died at Hollywood

St Mary's

MARYLAND

Date 1928 2 22 Age 44 1/2 Male White Married Widely Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

William E. Jenkins

CERTIFICATE OF DEATH

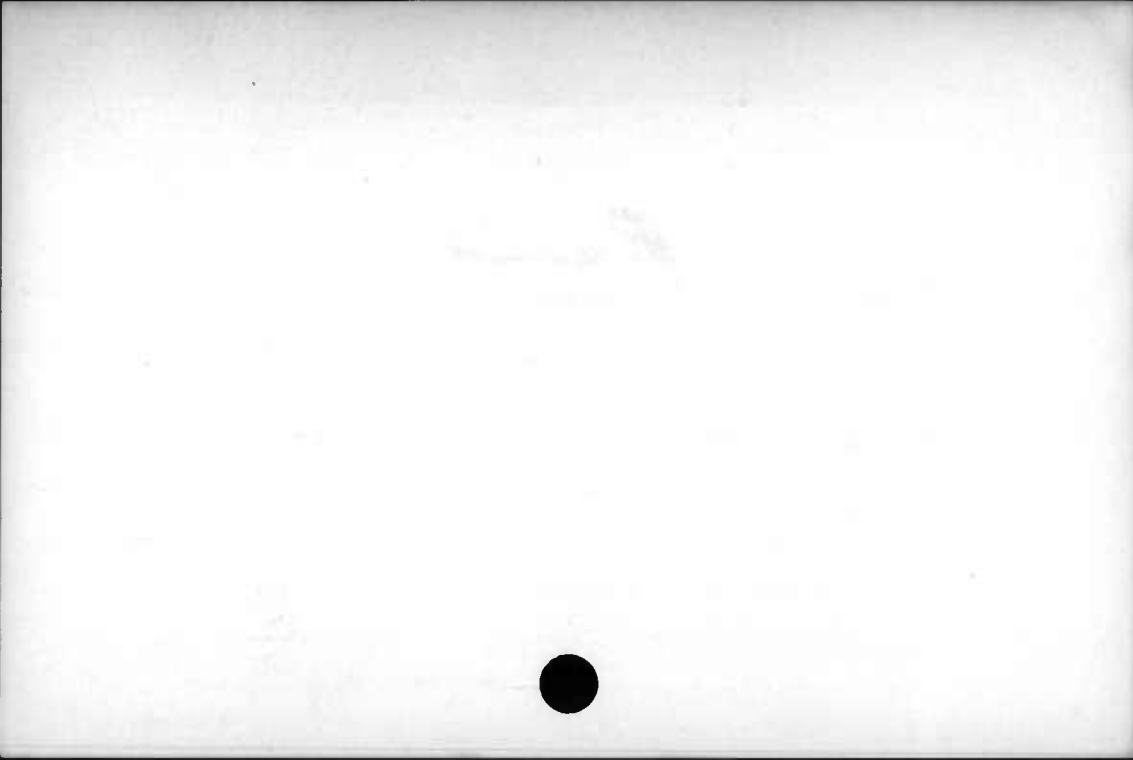
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Lernardtown</i>		County <i>St. Mary's Co</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>57</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Ind</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation <i>Sollomon Abell</i>				How related to deceased <i>son in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Syphilis</i>	How long <i>about year</i>
Immediate <i>Gummata of Spleen Stomach & Lungs</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. P. Greenwell</i>
	Address <i>Lernardtown</i>
Accident or Suicide? <i>Ind</i>	



Name
in
Full

Agnes Thomas

CERTIFICATE OF DEATH

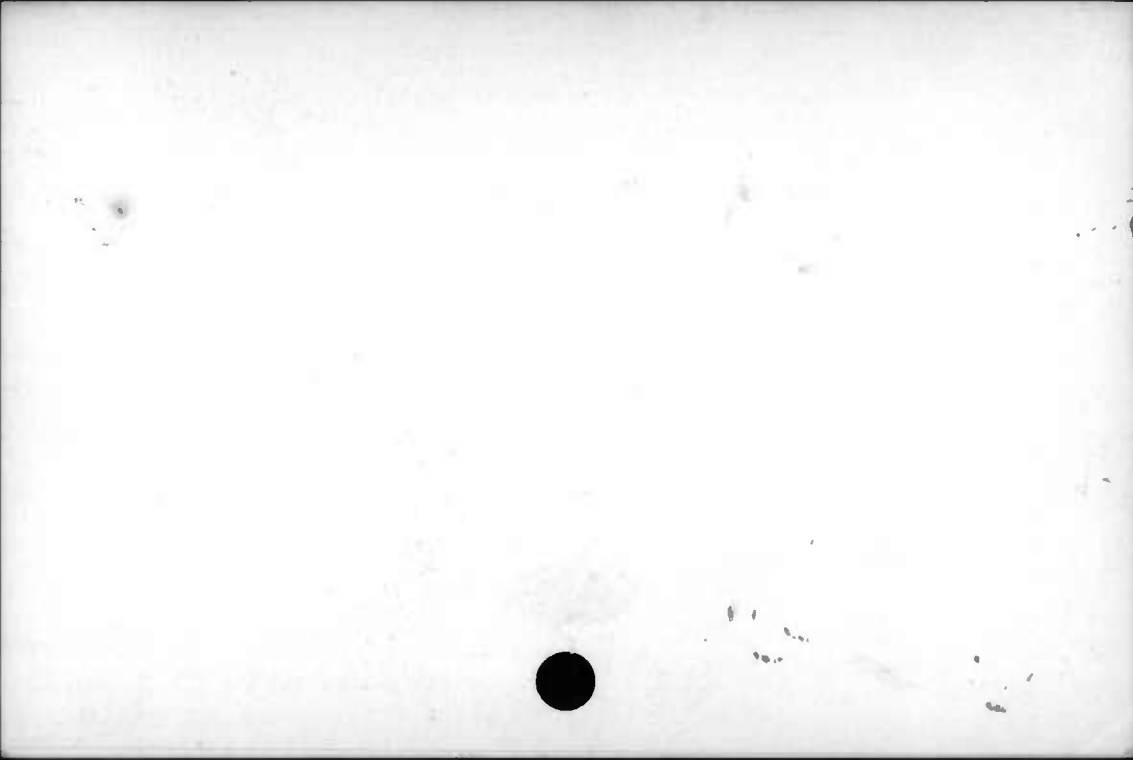
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Palmer</u> Town		<u>St. Mary's</u> County		MARYLAND	
Date of death 190 <u>5</u>	Month <u>2</u>	Day <u>16</u>	Age <u>-</u> Years	Months <u>-</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u>-</u>			Occupation <u>-</u>		
Name of Wife or Husband <u>-</u>					
Father's Name <u>Bert Thomas</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Agnes Scriber</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Agnes Scriber</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Accidental Suffocation</u>	How long <u>176</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Robt. V. Palmer</u>
	Address <u>Palmer</u>
Accident or Suicide? <u>Accident</u>	<u>md</u>



Name in Full

Certificate of Death

John Van Ryzant

Town

County

MARYLAND

Died at

Brown Strass

Date 1965

Month

Day

Y.

M.

D.

Native of

Occupation

2

16

Age 54

Strass

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Singl~~

Widower

Number of children living 3

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis of Pancreas

How long sick

About 18 months

Death

Immediate

Exhaustion from pain

Accident, Suicide, Homicide

Reported by

Mrs. Louie

33

Address

Leonardtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

med



Name
in
Full

Columbus Washington Windsor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Palmer		County St. Mary's		MARYLAND	
Date of death 190	5	Month 2	Day 17	Age 74	Years 74	Months 1	Days 22
Sex male		Color or Race White		Birth- place Kendall, Pa.			
Married, Single or Widowed		married		Occupation Retired			
Name of Wife or Husband Laura Frances Windsor							
Father's Name Zachariah Windsor				Father's Birthplace md			
Mother's Maiden Name Cory Kohlenberg				Mother's Birthplace			
Name of person giving In formation Laura F. Palmer				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Cerebral Apoplexy	How long Sudden
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Rott. V. Palmer
yes	Address Palmer
Accident or Suicide?	md

